

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5501 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph S. Geisel

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Nathalie H. Geisel 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 11, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Owner and Founder

11. Industry or business Geisel Grain Co.

12. Name Andrew Geisel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nathalie H. Geisel

(b) Address 5501 Harrison

17. (a) Burial (b) Date thereof 8-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 8/25/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5501 Harrison
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1941 to Aug. 24, 1941
that I last saw him alive on Aug. 23rd and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach - ulcerating and perforating

Due to chronic ulceration about 4 months ago - extensive involvement in retroperitoneum

Other conditions Chronic ulceration of stomach - perforating

Major findings: Also developed renal calculi - but no high ureteral stone (at kidney)

Of autopsy: Chronic ulceration of stomach - perforating

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Paul F. Smith (M. D. or other)

Address 224 P. 17. Bldg. - K.C. 24 Date signed 8-25-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Paul J. Hunt M. D.
Dept Bg. No 6523

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed... *Cecil R. Matthes*
Licensed Embalmer No... *3807*
P. O. Address... *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.